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[undated, 1911] omitted here*

Carbon of copy made in 1958 for Bill Remsen

WHOLE-TIME CLINICAL PROFESSORS

To the President, Johns Hopkins
University

Dear Remsen,

The subject of whole-time clinical teachers, on which I send you the promised note, is one of great importance, not only to Universities, but to the profession and to the public at large. It is a big question, with two sides. I have tried to see both, as I have lived both, and as much, perhaps, as any one can appreciate both. Let me thank you, first, for Mr. Flexner's Report. As an Angel of Bethesda he has done much good in troubling our fish-pond, as well as the general pool. The Report as a whole shows the advantage of approaching a problem with an unbiased mind, but there are many mistakes from which a man who knows the profession from the outside only could not possibly escape. It is a pity the Report was allowed to go out in its present form, as his remarks show a very feeble grasp of the clinical situation at the Johns Hopkins Hospital; but this is not surprising, and perhaps is not his fault, since he has not had the necessary training, nor, from the outside, could he get the knowledge to understand it. To say, for example, p. 14, as contrasted with the instructors in the Laboratory side the clinical staff has been on the whole less productive and less devoted is simply not true. I deny the statement in toto - they have been more productive and quite as devoted.

This is a family letter, strictly confidential and not for publication. It is sent only to the President and the Trustees of the University, the President and Trustees of the Hospital, to Mr. Abraham Flexner, to Dr. Hurd, Dr. Winford Smith and Dr. Norton of the Hospital, and to the Professors in the Medical School. Other copies are not to be had.

Released 1958. In W. Francis, library executor.

It is singularly unfortunate that he should not have been able to appreciate the work of the very men who have done as much, or more, than any others to build up the reputation of the school and to advance the best interests of the profession. To mention, out of many, only five names - the most stable on the staff! -- Finney, Thayer, Bloodgood, Cushing and Cullen. It is not too much to say that these men have done scientific work of a standard equal to that of the highest of any laboratory men connected with the University; and in addition work which in practical import, in the translation of Science into the Art, no pure laboratory men could have done. To speak as Mr. Flexner does (p. 15 of the Report) of these men as blocking the line and preventing the complete development of a race or school is perhaps pardonable ignorance, but again it certainly is not true. Take away the share of the reputation of the Johns Hopkins Medical School - particularly in Europe, which knows chiefly the Hospital Bulletin and the Reports - contributed from the clinical side, and by the junior staff, and you leave it, in comparison, poor indeed! 'By their fruits ye shall know them!' After showing the treasures of my library, it is my custom to take an intelligent bibliophile to a shelf on which stand twelve handsomely bound quarto volumes, and say, 'But this is my chief treasure - the 500 contributions to scientific medicine from the graduates of the first eight years of our medical school.' It is a splendid record, but much more brilliant from the clinical than from the laboratory side; and a great part of the work has been directly inspired by this younger group of men. In the

development of the school it was a great advantage that the local conditions in the country were not favorable, as at present - and as they have been all along on the laboratory side - to the rapid migration of assistants. It is hard to say which is the more prevalent on pp. 14 and 15 of the Report - unfairness or ignorance; but in either case gross injustice is done to the men who have made the Johns Hopkins Clinical School.

But I must confine myself to the question, and, I take it, the special advantage claimed for the whole-time system is that the Professors will be better able to promote research. Fruitful research in medicine, which, by the way, depends entirely on the man, may be done in private, in Research Institutes, or at the Universities.

Some of the most revolutionary researches of modern medicine have come from private laboratories, and when thoroughly trained in methods, there is no reason why the very best work should not be done by practitioners.

The Research Institutes are destined to play an ever-increasing part. In the Pasteur Institute, Paris. Ehrlich's Institute, Frankfurt, the Lister Institute, London, the Rockefeller Institute, New York, and the Carnegie Laboratory, Boston, the most advanced researches are prosecuted; and in the development of a Hospital side, as at the Pasteur and Rockefeller Institutes, will be found ample scope for the men who desire to be whole-time clinical researchers.

The University Hospital is in a very different position. The care and cure of patients and the teaching of young men the art of medicine are functions co-ordinate with the advancement of knowledge. Provision for all three must be made in the modern clinic. There is something very attractive in the parallel between the problems of the Laboratories and those of the Hospital, and at first sight it may seem strange that the suggestion has not been made earlier that men should devote all their time to the clinics. It is not altogether a new departure, and it would not be hard to name clinicians - usually of the quiet studious habit, not built for battle, -- who have been content to work solely at the problems of disease.

A pure researcher, as at the clinical hospital of an Institute, has but two points of contact, the patient and the laboratory problem; the Director of the Clinic of a medical school has the student as well; and whether it will be to our advantage to cut off his affiliation with the profession and the public, which he has heretofore enjoyed, is the question at issue. Conditions to-day make it impossible to have one man thoroughly charged at all these points of contact. In a big clinic, as in a Department Store, the importance of the head is not to be able to conduct each division separately, but to have sense enough to train, or pick, men who can; men who know their 'job' and who trust a chief, whose saving gift is in co-ordinating the different departments.

So in a clinic the greater part of the work must be done by the juniors. To be safe the chief must always have about men who know more than he does of certain subjects. The most sterile professor may have the most fruitful laboratory. The two most productive physiological laboratories of the latter half of the last century were presided over by men who did little or nothing themselves but suggest and direct. A man of forty, in charge of a clinic, who aspires to contribute from all its departments is sure to degenerate into an exploiter of other men's work. An overseer, a director, a teacher, a commutator, he must make his personality felt in every corner of the 'business', but if he has not a big enough mind to grasp the art of successful delegation he either becomes a scientific vampire, sucking the blood of his assistants, or the clinic degenerates into a one-sided organization for the study of a few problems or for the cure of all maladies by some special method.

Problems and patients suffice for the men in charge of the clinical side of Research Institutes, but only a very narrow view regards the Director of a University clinic as chiefly an agent for research. He stands for other things of equal importance. In life, in work, in word, and in deed he is an exemplar to the young men about him, students and assistants. 'Cabined, cribbed, confined' within the four walls of a hospital, practising the fugitive and cloistered virtues of a clinical monk, how shall he, forsooth, train men for a race the dust and heat of which he knows nothing and -- this is a possibility! -- cares less? I cannot imagine anything

more subversive to the highest ideal of a clinical school than to hand over young men who are to be our best practitioners to a group of teachers who are ex officio out of touch with the conditions under which these young men will live. The clinical teachers belong to the fighting line of the profession, whose ambitions and activities they should share and direct. Do you imagine for a moment that men whose interests are mainly in the research aspects of medicine, and who have no touch with the rank and file - the men behind the guns - do you suppose they would get into the arena and share the struggle of their brethren? A few with Welch's broad spirit would - a majority would live lives apart, with other thoughts and other ways.

As students of the wider problems of social reform so closely associated with disease, the clinical men should come into contact with the public, whose foibles they should know, and whose advisers they should be. To seclude the ablest men in their respective departments from this contact would not be possible in the United States, where the profession lives so much in the 'open'; and the attempt would, I believe, defeat itself. Those best fitted as teachers in the medical schools, the men with larger outlook, would soon kick over the traces and leave the positions to the quiet student-recluses, keen at research, but as little fitted to train medical students for the hurly-burly of life as I would be to direct your laboratory.

I cannot bear to think that any successor of mine should grow up deprived of those delightful associations which I enjoyed with the profession

and the public. How barren would I feel my life without these memories! And a great gap would be left in the education of a clinical teacher who had not known that inner life of the public which we meet in our ministry of health. To some extent seen in hospital work, but not in the same way, it helps to develop the side of a teacher's character very precious in his influence upon young men.

The danger would be the evolution throughout the country of a set of clinical prigs, the boundary of whose horizon would be the laboratory, and whose only human interest was research, forgetful of the wider claims of a clinical professor as a trainer of the young, a leader in the multiform activities of the profession, an interpreter of science to his generation, and a counsellor in public and in private of the people, in whose interests after all the school exists. And, remember, what we do to-day the other schools will try to do to-morrow. Rather than see the rise of a caste of clinical Brahmins, I would prefer a return to the French system - still in part effective - which ensures that each and every professor in a medical school - whether chemist, anatomist, pathologist, or physiologist - is kept in touch with the profession by giving him a hospital service! The Trustees of the Hospital will do well to hesitate before handing over their magnificent 'plant' to a group of men to 'run' on the narrow lines of a Research Institute, and risk the termination of that close affiliation with the profession and the public which has made their clinical school the most potent distributor of scientific medicine in the United States.

On the question of private practice and of fees I can speak freely. To the enormous value of the outside work in one's personal and professional development I can bear strong testimony. In looking over my writings for this specific purpose I am surprised to see how much of my very best material came from this source. The difficulty is to keep practice within bounds but it should not be impossible to frame regulations to ensure that the major part of the time of the clinical professors is given to the clinics. It is not so much consultations in the city, but the long distance calls - which alone in my case can I reproach myself as having interrupted my hospital work - that are disturbing. One cannot do a very large practice if private patients are not seen until 2 p.m., which was my rule. In a nutshell, the point at issue is this - After a morning spent in teaching, in the laboratories, and in seeing the public and private patients, not all every day, at 2 p.m. should the clinical professor go home and see patients with their doctors or should he finish the day in one of his laboratories? I maintain that an able director with a well-organized staff can do all that should be demanded in four or five hours daily, and that he is a very much better man as a teacher and as a worker if he spends the rest of the day in the service of the profession and the public. I am speaking only for the subject of medicine; but before the school is committed finally to a whole-time policy you and Judge Harlan, as representatives of the two institutions concerned, would do well to consult the men who know - two or three selected in each country. And my opinion is not worth much, as I am naturally biased in favour of the

delightful conditions under which I grew up, and I am now a clinician, not a laboratory man. It is not fair to ask Barker and Thayer. In medicine consult F. Müller and Krehl in Germany, Chauffard and Widal in Paris, Hale White and Brandford in England, Dock and Janeway in the United States - all laboratory clinicians. Do not be led away by the opinions of the pure laboratory men, who have no knowledge of the clinical situation and its needs. I believe an overwhelming majority of all the active workers at clinical medicine would oppose the plan. Professor F. Müller, who represents the most advanced thought in medicine in Germany, has expressed himself strongly against the whole-time system, as directly prejudicial to the teacher and to the school.

Against the sin of prosperity, which looms large in Mr. Flexner's Report (p. 17), the clinical professor must battle hard. I was myself believed to be addicted to it; but you will be interested to know, and I would like the Trustees of the Hospital to know, that I took out of Baltimore not one cent of all the fees - none of which came from hospital patients - I received in the sixteen years of my work. The truth is, there is much misunderstanding in the minds, and not a little nonsense on the tongues, of the people about the large fortunes made by members of the clinical staff. At any rate, let the University and Hospital always remember with gratitude the work of one 'prosperous' surgeon, whose department is so irritatingly misunderstood by Mr. Flexner. I do not believe the history of medicine presents a parallel to the munificence of our colleague Kelly to his clinic.

Equal in bulk, in quality, and in far-reaching practical value to the work from any department of the University, small wonder that his clinic became the Mecca for surgeons from all parts of the world, and that his laboratory methods, perfected by Drs. Cullen and Hurdon, have become general models, while through the inspiration of Mr. Max Brödel a new school of artistic illustration in medical works has developed in the United States. And, shades of Marion Sims, Goodell and Gaillard Thomas! this is the department which the 'Angel of Bethesda', in the fullness of his ignorance, suggests should be, if not wiped out, at any rate merged with that of Obstetrics!

There are other points which I should like to discuss, but this letter is already too long. To one I must refer. If there is to be a New Model and a Self-denying Ordinance, under which the clinical teachers are to live laborious days and scorn the delights of the larger life, let them come in on a University basis. If a man's value in the open market is to be considered, do not insult him by offering \$7,500, as suggested in Alternative Scheme 1, but, as laboratory men, let them be content with salaries which are thought good enough for men just as good.

We are all for sale, dear Remsen. You and I have been in the market for years, and have loved to buy and sell our wares in brains and books - it has been our life. So with institutions. It is always pleasant to be bought, when the purchase price does not involve the sacrifice of an essential - as was the case in that happy purchase of us by the

Women's Educational Association - but in Alternative Scheme 1 we chance the sacrifice of something that is really vital, the existence of a great clinical school organically united with the profession and with the public. These are some of the reasons why I am opposed to the plan as likely to spell ruin to the type of school I have always felt the Hospital should be and which we tried to make it - a place of refuge for the sick poor of the city - a place where the best that is known is taught to a group of the best students - a place where new thought is materialized in research - a school where men are encouraged to base the art upon the science of medicine - a fountain to which teachers in every subject would come for inspiration - a place with a hearty welcome to every practitioner who seeks help - a consulting centre for the whole country in cases of obscurity. And it may be said, all these are possible with whole-time clinical professors. I doubt it. The ideals would change, and I fear lest the broad open spirit which has characterized the school should narrow, as teacher and student chased each other down the fascinating road of research, forgetful of those wider interests to which a great hospital must minister.

Take the money by all means, but use it:-

- (1) To reduce the number of students.
- (2) To re-arrange the laboratories in accordance with Alternative Scheme 11.

But, lastly and chiefly, divert the ardent souls who wish to be whole-time clinical professors from the medical school in which they are

not at home to the Research Institutes to which they properly belong, and in which they can do their best work.

Believe me, my dear Remsen,

Sincerely yours,

WILLIAM OSLER.

Oxford,

September 1, 1911.

Copy

Bibliotheca Osleriana, 7651, vol. 1, leaves 19-20.

for Dr Simon Flexner, 1936.

W. W. J.

807 Saint Paul Street

Baltimore, June 2nd, 1911.

Dear Osler,

Marburg left for Europe ten days ago. His address is care of Brown, Shipley and Co., 123 Pall Mall, London. I have written him, quoting from your letter the part relating to *Payne's* library. Can you not communicate with him directly? I question whether he will care to increase his donation of \$10,000 for the purchase of the library. If he would be willing to do so, he would probably wish to learn first how Leighton's estimate compares with Sothorby's.

If the library is to be sold this summer, I shall have to leave with you the matter of securing it for us, as I start in a couple of weeks for Denver and Los Angeles to attend the meetings of the Tuberculosis Association and the A.M.A. When these are over I am planning trips to Alaska, British Columbia, etc., returning here probably early in September.

I hope very much that you will be able to get the medical part of Payne's library for us. You will recall that while Marburg's gift is counted in the endowment fund raised recently for the University, he specified that it should be for the purchase of the library.

What a wonderful time you had in Egypt. I enjoyed the cards you sent and the letters which I have seen.

I do wish that you were here to advise us about the clinical proposition. The initiative comes from Mr. Gates. A million dollars are in sight if we can use it along the general lines indicated in Mr. Flexner's report. I enclose a copy of this. There is certainly need of improvement in the direction of getting a group of heads and associates of three or four leading clinical departments to devote their whole time to the school and hospital and developing their subjects as the laboratory men do. The methods of teaching modern medicine and investigating it demands something of this kind. If we do not do it the money will go elsewhere where they are ready to take it up in carrying out the plan. We shall stand still or drop back unless we are ready to advance in this direction, which is that of coming reforms in medical education. But there are all sorts of difficulties. I shall try to write more soon. Love to yourself and Mrs. Osler.

Yours sincerely,

"William H. Welch"

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fr. Dr. S. Fletcher, 1886, pm

Bibliotheca Osleriana, 7651, vol. 2, leaves 22-23.

W.W.7

Baltimore, April 29, 1914

Maryland Club

Dear Osler,

Theodore Janeway has accepted the professorship of medicine on the new basis, and I think that it is the best possible solution. Neither Barker nor Thayer were willing to take it on the terms offered, although of course they remain and will cooperate in making the plan a success. Janeway is thoroughly sympathetic with the full-time arrangement, and the opportunity makes a tremendous appeal to him. He is an excellent organizer and teacher as well as a good clinician - it seems to me just the man for the place. I hope that you will agree.

It was mighty hard for him to make up his mind to break the New York ties and associations, and the Columbia and Presbyterian Hospital people brought great pressure to make him stay. He will take hold of the reorganization this summer and begin the work next October. I imagine that he will wish to bring Longcope with him. What a clinical group we shall have in medicine - Janeway, Barker, Thayer, Longcope!

We are planning for the celebration in October, and so eager to see you.

I am going to write Lewis the heart man to give the Herter lectures in October. The clinical men want him.

We are having a delightful course of Turnbull lectures on Chaucer by Kittredge. Next year comes Sir Walter Raleigh on the romantic poets.

Goodnow, our new president, will be here in October - a most fortunate choice.

With love to yourself and Mrs. Osler-

Yours ever,

"William H. Welch"

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Copy made for Dr. Chesney, 1949, of a letter of
Howell to Osler in "Whole-time clinical professors",
Osler Library, #7651, vol. 1, leaves 60-1.

W. W. F.

The Johns Hopkins University
Baltimore, Maryland

October 5, 1911

My dear Sir William,

Your note about the great discussion which has been disturbing us so much was received and appreciated. I am afraid that I do not wholly agree with your point of view and I am exceedingly sorry that you can not advocate the view that the majority of us believe in namely that it would be a great advantage to the science of medicine if the clinical teachers were relieved of the distractions of an outside practice. The laboratory men have taken I believe an entirely disinterested attitude in the whole discussion. Alternative 2 would have been greatly to our personal advantage, but alternative 1 seemed to us to promise more for the advancement of medicine. Moreover as I understand it there is not a ghost of a chance that the Rockefeller people will consider seriously giving money to the laboratories. They are interested in what they believe is a great reform in clinical teaching and if we do not agree with them it is likely that they will buy some other place - possibly St. Louis. In which event I fancy that we will be performing as the second fiddle ten years hence. We are all tired of the discussion here and personally I hope that they will make us an offer in definite form which we can accept or reject. They are slow in making any concrete proposition, for the reason I suppose that they are not satisfied with our attitude. I regret that you sent your letter as it will probably make them less willing to take action and besides you have introduced another feature which does not commend itself to the laboratory men. Your statement that the clinical men have done better scientific work than the laboratory men implies that in your opinion we are a sorry lot. If the clinical men have been able to carry out a successful private practice and earn handsome incomes and in the little time left have contributed to medical science work of more value than those who have given all their time to such labors—*why* it is evident that the laboratory men are a mediocre lot or the clinical men are a set of geniuses. I don't accept your statement myself and in making it you have been, I believe, as unjust as you accuse Flexner of being toward the clinicians. If you had contented yourself with saying that their work on the whole had been of more value I could let it pass without comment, but to say that their scientific work has been of more value is a horse of another color. Did you really look into the investigations from the laboratory side in a critical way? I hope not for I should be sorry

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to have you entertain such a poor opinion of our productiveness. I will not attempt to present the arguments on our side as I know that you are familiar with them. In Man's redemption of man you have paid the highest tribute to investigative work in medicine and declared your belief that "the leaves of the tree of science have availed for the healing of the nations". For my part I am convinced that the development taking place in consequence of the penetration of methods of experimental investigation into the clinical branches must inevitably lead to the formation of a new body of clinical teachers. We have the opportunity to lead the movement and my pride in the school has made me desire earnestly that we shall have this honor.

With best wishes and congratulations on your new honors,

Sincerely yours,

[signed] W. H. Howell

Handwritten: 60-1
Handwritten: Hurd's letter to W.O. attached
Handwritten: Chas. Mackenzie 1 Apr. 1949

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Whole-time

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Notes by Dr. Francis inserted in Osler's copy of his confidential pamphlet, "Whole-time Clinical professors", 1911 (vol. 1 of the collected material, #7651 in the Osler Library).

1951. For the development of W. O.'s views on this 'whole-time' question, see: Brit. M. J., 1913, 11 (Nov. 8th), p. 1255-

Letter signed W. O., dated 5 Nov.: also an editorial, p. 1242. Here W. O. warns against the dangers inherent in the scheme.

He is answered in the no. for Nov. 15th by W. H. W. (Welch, apparently, if he was in England at that time) in a letter dated 10 Nov., p. 1330. Two letters signed 'P.' & 'L.E.S.', in answer to W. H. W., and dated 15 and 18 Nov., are on pp. 1406-7, in the no. for Nov. 22nd.

Cushing ("Life", vol. 2, p. 420, footnote) says that Osler expressed "himself emphatically and finally on the subject" in the following paragraph in his "Coming of Age of internal medicine in America", International Clinics, vol. 4, ser. 25, 1915, p. 4: "The burning question to be settled by this generation relates to the whole-time clinical teacher. It has been forced on the profession by men who know nothing of clinical medicine, and there has been a 'Mess of pottage' side to the business in the shape of big Rockefeller cheques at which my gorge rises. To have a group of cloistered clinicians away completely from the broad current of professional life would be bad for teacher and worse for student. The primary work of a professor of medicine in a medical school is in the wards, teaching his pupils how to deal with patients and their diseases. His business is to turn out men who know how to handle the sick. His business, also, is to bring into play all the resources of the laboratories in the investigation of disease, for which purpose he must have about him active young men who will stay for years at the clinic, largely for the sake of the experience. His business, further, is to get into close touch with the profession and the public, and with both to play the missionary; and this he can only do if engaged part of his time in consulting practice. There always have been of choice whole-time clinicians. So devoted was Desault to his work that he slept at the hospital. More often they have men of the Samuel Gee type, splendid in wards or laboratories, but ill-fitted by temperament to control large classes, or for the hurly-burly of the professional life. By all means let us have them in the special hospitals attached to institutes of research, as in the Rockefeller; but spare the medical schools an experiment, which may be successful now and then, but which - from my point of view - can not but lower in type and tone the work of the clinical professoriate."

P.S. 1936.

^ Bulletin no. IX of the International Association of Medical Museums and Journal of Technical Methods, Sir William Osler Memorial number, Appreciations and Reminiscences, 1926 (no. 7747), p. 591, prints W. O.'s circular dated 29 Aug., 1919, urging the adoption of whole-time professorships at McGill. The above mentioned 1919 letter was intruded into Maude Abbott's 1926 Bibliography (p. 591) apparently at the suggestion of Dr. Welch, and much to Dr. Malloch's annoyance. He, Dr. Cushing and I are still convinced that W. O. was never converted to the whole-time plan, as Welch maintained, but that he acquiesced when he saw that it was inevitable. He was not the man to put obstacles in the way of the scheme once it was established, or, rather, had been put on trial. T. McCrae wrote to Dr. Martin (Dean's files, McGill), 20, ii, 25, doubting the statement of A. Flemer in note 35, p. 50, of F.'s "Medical Education", 1925, that the suggestion for the full-time professorships at McGill came from Osler. When McCrae was answered by a copy of that 1919 letter, he wrote, 25, ii, 25, "We had a certain amount of correspondence on the whole question from time to time and I got the impression that he [W. O.] was pretty strongly opposed to the full-time plan".

In 1919 W. O. gave a large dinner at the Athenaeum Club, Lond., for Graham of Toronto, as the first full-time prof. of med. in the British Empire. W. O. had a cold and could not be there, so I had to preside for him.

W. W. F.

copied 1949 for Dr. Chesney.

J. H. Medical School

FULL-TIME CLINICAL PROFESSORSHIPS

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Extracts from a copy, in the Osler Library, of a letter from Osler to Cushing, 13 May, 1911:-

(Typewritten:) "I was so interested to hear from Kelly that the Trustees have decided to have whole time clinical men. This ~~April/16~~ of course could not include Thayer, yourself and Fletcher and the others. It will be an interesting experiment. How Barker will get along with a salary of 7500 dollars it is hard to say..."

(Handwritten PS.:-)

"There seems to be a general impression that we clinical men make large fortunes in a few years. I did not take away from B(alimore) a dollar made in practice; it all got into circulation again! I got away with a little less than my book brought me; & with that I paid for the house."

He evidently meant the house he was writing from, 13 Norham Gardens, Oxford. He recorded everything he ever made, nothing he ever spent. His 15 "Day Books", MS. no. 766B, are "reserved" in the Osler Library, not to be consulted, by his direction, "for 50 years at least", from Nov. 1919.

June 1952

W. V. Francis